



ETERNAL HOSPITAL

Sanganer

Dr. Roopam Sharma

MBBS, PGDCC, FIAE

Incharge Emergency, Preventive Cardiology
& Wellness Center

Reg. No. 26363

Mrs Nirama Meena
31y / F

Date & Time 13/1/24
Patient Name: 4pm
Age / Gen:
UHID:

Provisional Diagnosis:

? Vaginitis

Drug Allergy:

Not known.

Complaints:

Medication Advice:

Pain: Yes No
LMP - 30/12/23

Adv
Ref to Gynaec

Physical Examination:

Pallor : Yes/No Icterus : Yes/No
Cynosis : Yes/No Edema : Yes/No
Lymphadenopathy : Yes/No

Systemic Examination:

CVS: SIS
CNS: CNSM6

Respiratory System : Clear
GI System : Soft
Skin : Warm

Investigation:

Dr. Roopam

Follow up:

Diet Advice: Normal Low Fat Diabetic Renal Low Salt



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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. NIRMA MEENA	Lab No	605875
UHID	335147	Collection Date	13/01/2024 1:46PM
Age/Gender	31 Yrs/Female	Receiving Date	13/01/2024 1:49PM
IP/OP Location	O-OPD	Report Date	13/01/2024 2:39PM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		



BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HBA1C	5.7	%	<p>Sample: WHOLE BLOOD EDTA</p> <p>< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes</p> <p>Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control</p>

Method : - High - performance liquid chromatography HPLC
 Interpretation:-Monitoring long term glyceimic control, testing every 3 to 4 months is generally sufficient.
 The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

****End Of Report****

RESULT ENTERED BY : Mr. Ravi

Dr. SURENDRA SINGH
 CONSULTANT & HOD
 MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA
 CONSULTANT & INCHARGE PATHOLOGY
 MBBS|MD| PATHOLOGY

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Mrs. NIRMA MEENA
 40009321 Jan 13 2024 10:39AM
 31 Yrs/Fem OPSCR23-24/1097
 EHS CONSULTANT
 7737669909

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain: Yes No

✓. Headache

*VA < R 6/12
 L 6/24*

*M < R 1/6
 L 1/6*

✓ S/L ✓

Physical Examination:

colour vision Normal

Pallor: Yes/No Icterus: Yes/No
 Cynosis: Yes/No Edema: Yes/No
 Lymphadenopathy: Yes/No

Adv. Refraction

Systemic Examination:

*R
 Misty eye deep in BE
 O - O - O H.M.A.S.*

CVS: _____

CK: _____

Respiratory System:

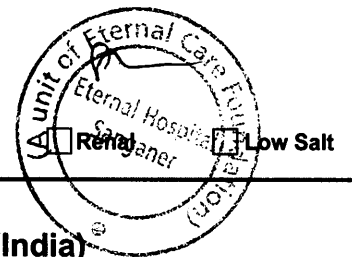
GI System: _____

Skin: _____

Investigation:

Follow up:

Diet Advice: Normal Low Fat Diabetic



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Dr. Satyamvada Pandey

MBBS, DGO, DNB (Obstetrics & Gynaecology)

Senior Consultant - Obs. & Gynae.

Reg. No. 37858/14453

Date & Time: 13/07/24, 12:40 pm
Patient Name: NURMA MEENA
Age / Gen: 31 / F
UHID: 4 000 9 3 2 1

Provisional Diagnosis: For Health check up.

Complaints:

Medication Advice:

Drug Allergy: NKDA

No need for Rx

Pain: Yes No

No complaints

G - RA Report

Ultrasound - 30/12/23, Recurrent SW
94 - P222, EN10, US-142,
TL ⊖

- For Abdo Rx after Pap

- For Gynaecology So Biopsy later

Physical Examination:

Pallor: Yes/ No Icterus: Yes/ No

Cynosis: Yes/ No Edema: Yes/ No

Lymphadenopathy: Yes/ No

RA - 507, NKDA

Systemic Examination:

CVS: Is - S Hypertrophied
AS: @ base circumferential coron ⊕
Bleed above

Respiratory System:

Rx NKDA

GI System: _____

Skin: ⊕

Investigation:

Pap Smear

Follow up:

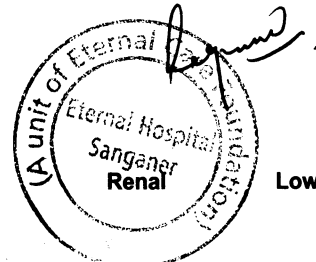
Diet Advice:

Normal

Low Fat

Diabetic

Low Salt



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Patient Name	Mrs. NIRMA MEENA	Lab No	4020191
UHID	40009321	Collection Date	13/01/2024 11:11AM
Age/Gender	31 Yrs/Female	Receiving Date	13/01/2024 11:39AM
IP/OP Location	O-OPD	Report Date	13/01/2024 1:05PM
Referred By	EHS CONSULTANT	Report Status	Final
Mobile No.	7737669909		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)				
BLOOD GLUCOSE (FASTING)	93.1	mg/dl	74 - 106	
Method: Hexokinase assay. Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.				

THYROID T3 T4 TSH	Result	Unit	Biological Ref. Range	Sample: Serum
T3	1.430	ng/mL	0.970 - 1.690	
T4	9.06	ug/dl	5.53 - 11.00	
TSH	2.00	μIU/mL	0.40 - 4.05	

T3:- Method: ElectroChemiluminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiluminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiluminescence ImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

LFT (LIVER FUNCTION TEST)	Result	Unit	Biological Ref. Range	Sample: Serum
BILIRUBIN TOTAL	0.49	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.37	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.12	mg/dl	0.00 - 0.40	
SGOT	37.3	U/L	0.0 - 40.0	
SGPT	38.8	U/L	0.0 - 40.0	

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY



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BIOCHEMISTRY

TOTAL PROTEIN	7.6	g/dl	6.6 - 8.7
ALBUMIN	5.3 H	g/dl	3.5 - 5.2
GLOBULIN	2.3	-	1.8 - 3.6
ALKALINE PHOSPHATASE	104.7 H	U/L	42 - 98
A/G RATIO	2.3	Ratio	1.5 - 2.5
SGPT	18.5	U/L	6.0 - 38.0

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT (AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT (ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction.

GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE :- Method: Enzymatic colorimetric assay. Interpretation:- γ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	181		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	63.6		High Risk :- <40 mg/dl (Male), <40 mg/dl (Female) Low Risk :- >=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	91.8		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	17	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

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BIOCHEMISTRY

TRIGLYCERIDES	86.1	Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
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CHOLESTEROL/HDL RATIO 2.8 %

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.
 Interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.
 CHOLESTEROL :- Method:-Homogenous enzymatic colorimetric method.
 Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.
 LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.
 Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived from VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.
 CHOLESTEROL VLDL :- Method: VLDL Calculative
 TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.
 Interpretation:-High triglyceride levels also occur in various diseases of liver, kidneys and pancreas.
 DM, nephrosis, liver obstruction.
 CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

Sample: Serum

UREA	18.20	mg/dl	16.60 - 48.50
BUN	8.5	mg/dl	6 - 20
CREATININE	0.53	mg/dl	0.50 - 0.90
SODIUM	138.2	mmol/L	136 - 145
POTASSIUM	4.67	mmol/L	3.50 - 5.50
CHLORIDE	101.8	mmol/L	98 - 107
URIC ACID	4.1	mg/dl	2.6 - 6.0
CALCIUM	10.32 H	mg/dl	8.60 - 10.30

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CREATININE - SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidney disease.

URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uric acid are renal diseases with decreased excretion of waste products, starvation, drug abuse and increased alcohol consume.

SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea, diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake and kidney reabsorption.

POTASSIUM :- Method: ISE electrode. Interpretation:-Low level: Intake excessive loss from body due to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renal failure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake, prolonged vomiting and reduced renal reabsorption as well as forms of acidosis and alkalosis.

Increase: dehydration, kidney failure, some form of acidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogen concentration are seen in inadequate renal perfusion, shock, diminished blood volume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerular nephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usually associated with hypercalcemia. Increased serum calcium levels may also be observed in multiple myeloma and other neoplastic diseases. Hypocalcemia may be observed in hypoparathyroidism, nephrosis, and pancreatitis.

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BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"O" Rh Positive		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
URINE SUGAR (RANDOM)				Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
PHYSICAL EXAMINATION				Sample: Urine
VOLUME	20	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	6.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.005		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	1-2	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	0-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OHTERS	NIL		NIL	

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Mobile No.	7737669909		

Methodology:-

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method. interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

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Mobile No.	7737669909		

HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	12.3	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	39.5	%	36.0 - 46.0
MCV	88.0	fl	82 - 92
MCH	27.4	pg	27 - 32
MCHC	31.1 L	g/dl	32 - 36
RBC COUNT	4.49	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	7.81	10 ³ /uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	57.4	%	40 - 80
LYMPHOCYTE	32.9	%	20 - 40
EOSINOPHILS	4.4	%	1 - 6
MONOCYTES	4.7	%	2 - 10
BASOPHIL	0.6 L	%	1 - 2
PLATELET COUNT	2.35	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystemex.
MCH :- Method:- Calculation bysystemex.
MCHC :- Method:- Calculation bysystemex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTES :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE) 40 H mm/1st hr 0 - 15

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Mobile No.	7737669909		

Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

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X Ray

Test Name	Result	Unit	Biological Ref. Range
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X-RAY CHEST P. A. VIEW

Both lung fields are clear.

Both CP angles are clear.

Both hemi-diaphragms are normal in shape and outlines.

Cardiac shadow is within normal limits.

Visualized bony thorax is unremarkable.

Correlate clinically & with other related investigations.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS

APOORVA JETWANI

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

0

Patient Name	Mrs. NIRMA MEENA	Lab No	4020191
UHID	40009321	Sample Date	13/01/2024 12:28PM
Age/Gender	31 Yrs/Female	Report Date	13/01/2024 1:51PM
Prescribed By	EHS CONSULTANT	Bed No / Ward	OPD
Referred By	EHS CONSULTANT	Report Status	Final
Company	Mediwheel - Arcofemi Health Care Ltd.		

CYTOLOGY

CYTOLOGY*

Type of Specimen

No. of smears examined

Adequacy

Endocervical cells

Inflammation

Organisms

Epithelial cell abnormality

Others

Impression

Note: Test marked as * are not accredited by NABL

Bethesda2014

Pap smear (Conventional)

Two

Satisfactory for evaluation.

Adequate

Seen (few)

Moderate acute inflammation.

Not seen.

Not seen

Negative for intraepithelial lesion / malignancy.

** End Of Report **

Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

(A Unit of Eternal Care Foundation)

Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)

Phone:- 0141-3120000

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ETERNAL HOSPITAL

Sanganer



DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40009321 (947)	RISNo./Status :	4020191/
Patient Name :	Mrs. NIRMA MEENA	Age/Gender :	31 Y/F
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	13/01/2024 10:39AM/ OPSCR23-24/10975	Scan Date :	
Report Date :	13/01/2024 11:54AM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	10.6	6-12mm	LVIDS	26.5
LVIDD	41.9	32-57mm	LVPWS	16.9
LVPWD	10.6	6-12mm	AO	27.9
IVSS	16.4	mm	LA	27.9
LVEF	60-62	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	A	e'	E/e'		
MITRAL VALVE	NORMAL	0.92	-	-	-	NIL	
		0.62	-	-			
TRICUSPID VALVE	NORMAL	0.56		-	-	NIL	
		0.52					
AORTIC VALVE	NORMAL	1.28				-	NIL
PULMONARY VALVE	NORMAL	1.17				-	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 60-62%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

DR SUPRIY JAIN
MBBS, M.D., D.M. (CARDIOLOGY)
INCHARGE & SR. CONSULTANT
INTERVENTIONAL CARDIOLOGY

DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

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Page 1 of 1

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ETERNAL HOSPITAL Sanganer



DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40009321 (947)	RISNo./Status :	4020191/
Patient Name :	Mrs. NIRMA MEENA	Age/Gender :	31 Y/F
Referred By :	EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	13/01/2024 10:39AM/ OPSCR23-24/10975	Scan Date :	
Report Date :	13/01/2024 11:33AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

ULTRASOUND STUDY OF WHOLE ABDOMEN

- Liver:** Normal in size & echotexture. No obvious significant focal parenchymal mass lesion noted. Intrahepatic biliary radicals are not dilated. Portal vein is normal.
- Gall Bladder:** Lumen is clear. Wall thickness is normal. CBD is normal.
- Pancreas:** Normal in size & echotexture.
- Spleen:** Normal in size & echotexture. No focal lesion seen.
- Right Kidney:** Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. No evidence of significant hydronephrosis or obstructive calculus noted.
- Left Kidney:** Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. No evidence of significant hydronephrosis or obstructive calculus noted.
- Urinary Bladder:** Normal in size, shape & volume. No obvious calculus or mass lesion is seen. Wall thickness is normal.
- Uterus:** Normal in size, shape & anteverted in position. Endometrial thickness is normal. Endometrial cavity is empty. No mass lesion is seen. Cervix is normal.
- Both ovaries:** Bilateral ovaries are normal in size, shape & volume.
- Others:** No significant free fluid is seen in pelvic peritoneal cavity.

IMPRESSION: USG findings are suggestive of

- No significant sonographic abnormality noted.

Correlate clinically & with other related investigations.

DR. APOORVA JETWANI
Incharge & Senior Consultant Radiology
MBBS, DMRD, DNB
Reg. No. 26466, 16307

(A Unit of Eternal Care Foundation)
Near Airport Circle Sanganer, Jaipur - 302011 Rajasthan (India)
Phone:- 0141-3120000
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Page 1 of 1

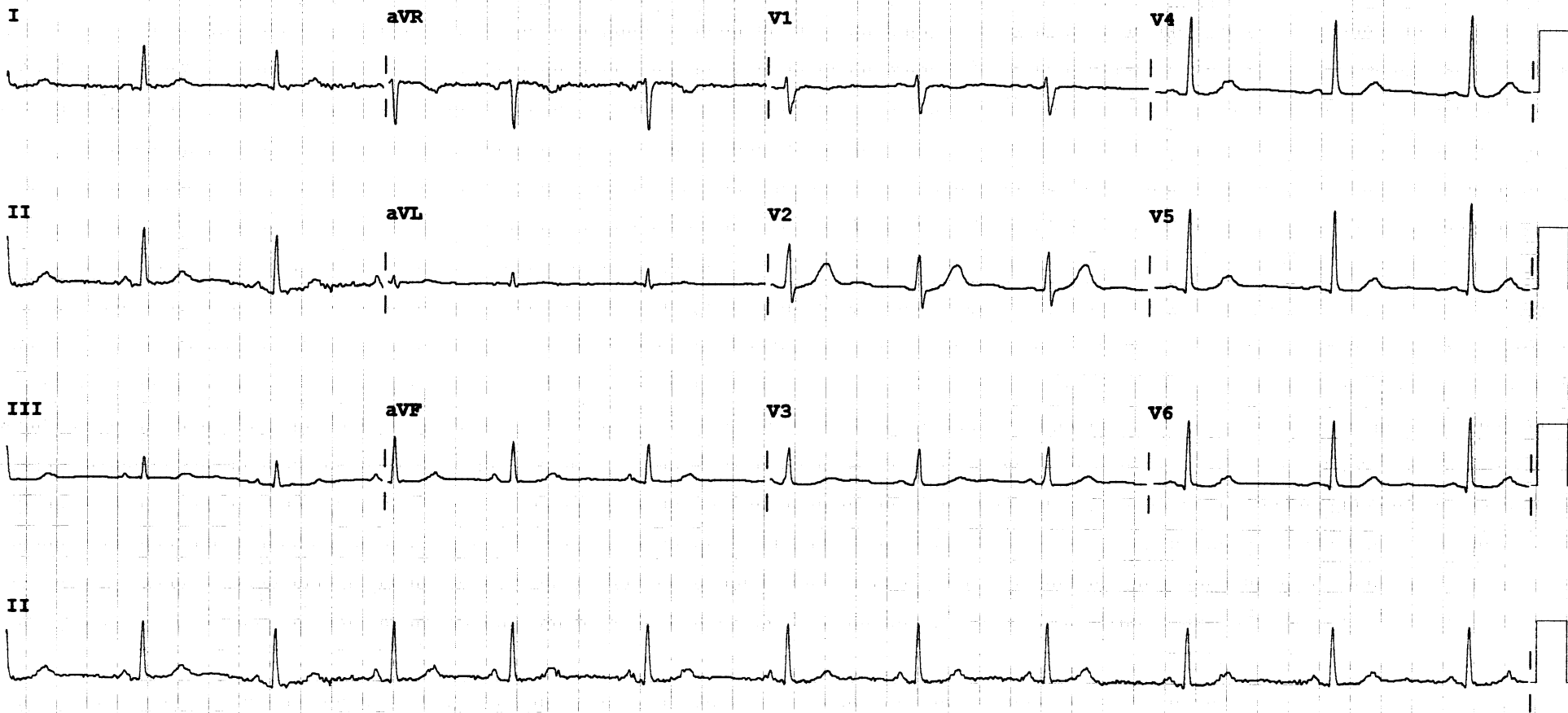
Disclaimer : This is Radiological/Pathological impression and not the final diagnosis. It should be correlated with relevant clinical data & investigation. Not Valid for Medico-Legal purpose. Subject to Jaipur Jurisdiction only.

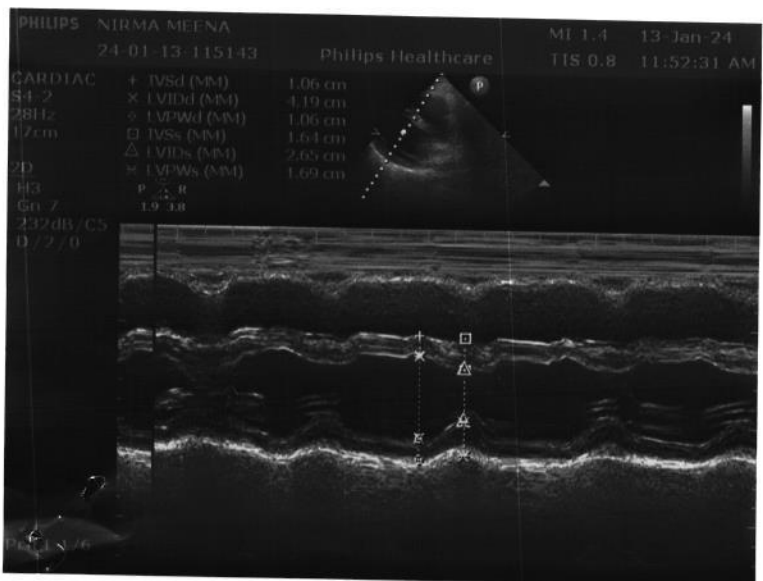
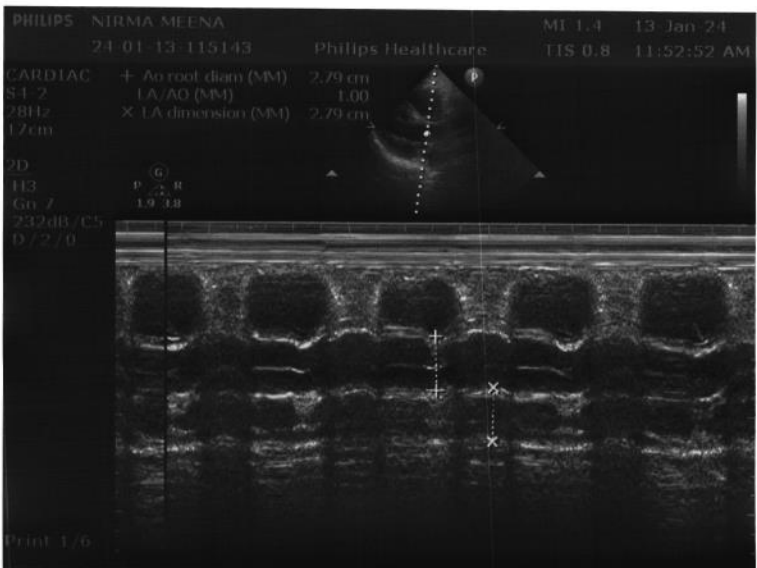
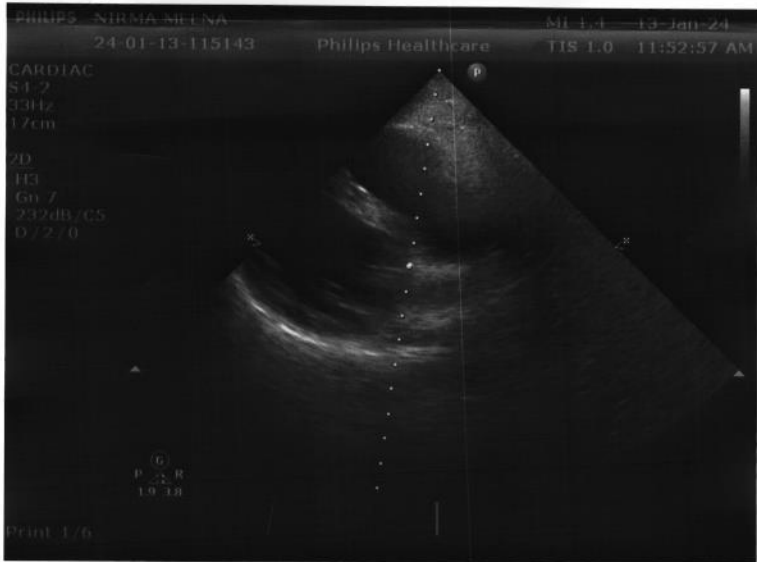
Rate 70 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
FR 128 . Sinus rhythm
QRSD 80 . Abnormal R-wave progression, early transition
QT 370
QTc 400

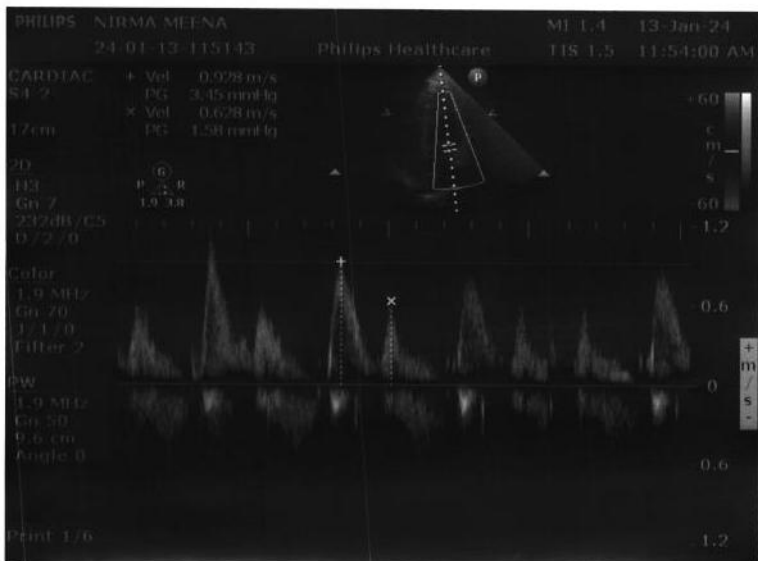
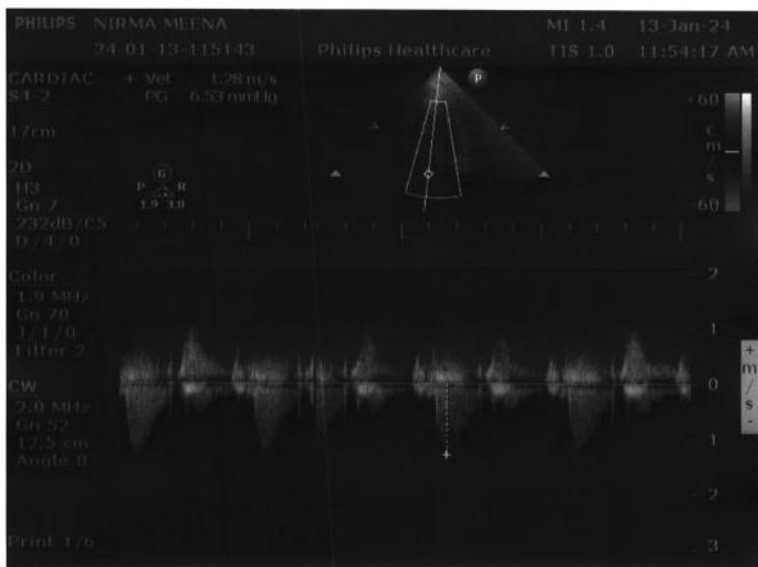
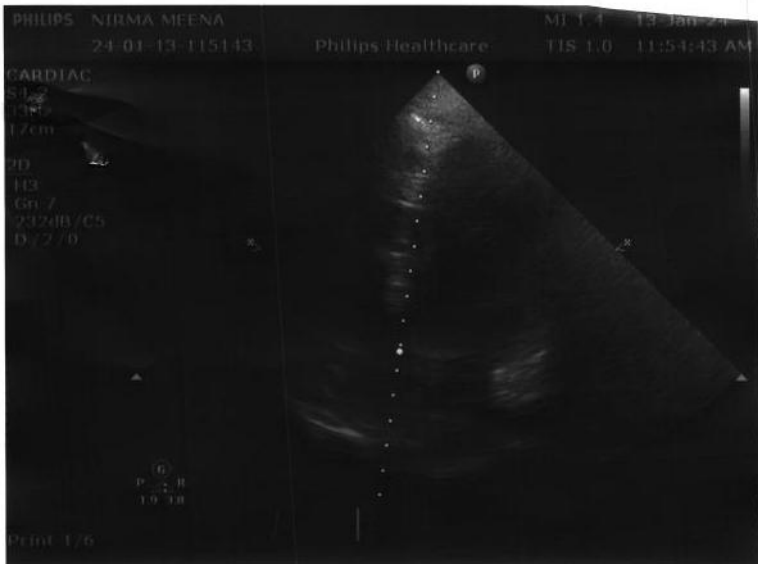
--AXIS--
P 55
QRS 52
T 44

12 Lead; Standard Placement

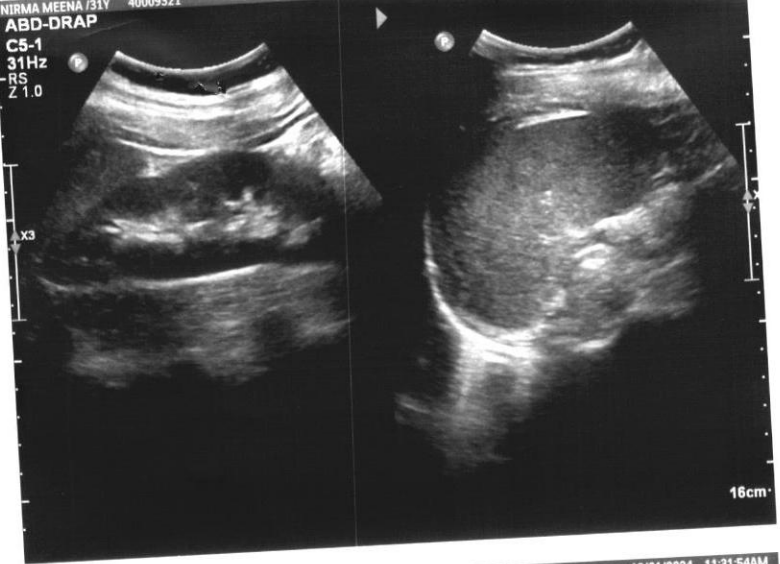
Unconfirmed Diagnosis







NIRMA MEENA /31Y 40009321
ABD-DRAP
C5-1
31Hz
RS
Z 1.0



ETERNAL HOSPL. 13/01/2024 11:31:54AM
TISO.2 MI 1.3

NIRMA MEENA /31Y 40009321
ABD-DRAP
C5-1
31Hz
RS
Z 1.0



NIRMA MEENA /31Y 40009321
ABD-DRAP
C5-1
31Hz
RS
Z 1.0

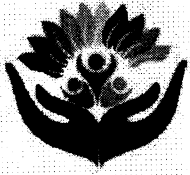
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TISO.2 MI 1.3



NIRMA MEENA /31Y 40009321
ABD-DRAP
C5-1
26Hz
RS
2D
64%
Dyn R 55
P Low
HGen

ETERNAL HOSPL. 13/01/2024 11:30:53AM
TISO.1 MI 1.3





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Phone : +91-9116779911,0141-2774000

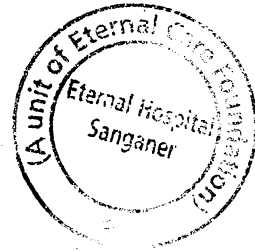
E-mail : corporate.marketing@eternalheart.org Website: www.eternalhospital.com

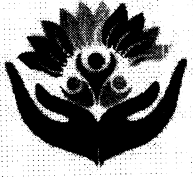
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Credit Bill

Reg No : 40009321 Bill No : OPSCR23-24/10975
Patient Name : Mrs. NIRMA MEENA Bill Date Time : 13/01/2024 10:39AM
Gender/Age : Female/31 Yr 6 Mth 8 Days Payer : Mediwheel - Arcofemi Health Care Ltd.
Contact No : 7737669909 Sponsor : Mediwheel - Arcofemi Health Care Ltd.
Address : WARD NO-20, DEWATWAL COLONY Presc. Doctor : Dr. EHS CONSULTANT
BANDIKUI , DAUSA, RAJASTHAN, INDIA Referred By :
Approval No : 111595

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
	PHC PACKAGES							
	MediWheel Full Body Health Checkup Female Below 40	2850.00	1.00	2850.00	0.00	2850.00	0.00	2850.00
	Details Of Package							
	CARDIOLOGY							
1	ECG							
3	TMT OR ECHO							
	CONSULTATION CHARGES							
4	CONSULTATION - DENTAL (Dr. VAIBHAV NEPALIA AND TEAM)							
5	CONSULTATION - INTERNAL MEDICINE (Dr. EHS CONSULTANT)							
6	CONSULTATION - OBS & GYNE (Dr. SATYAMVADA PANDEY)							
7	CONSULTATION - OPHTHALMOLOGY (Dr. EHS OPHTHAL CONSULT)							
	PATHOLOGY							
8	BLOOD GLUCOSE (FASTING)							
9	BLOOD GLUCOSE (PP)							
10	BLOOD GROUPING AND RH TYPE							
11	CBC (COMPLETE BLOOD COUNT)							
12	ESR (ERYTHROCYTE SEDIMENTATION RATE)							
13	HbA1c (HAEMOGLOBIN GLYCOSYLATED BLOOD)							
14	LFT (LIVER FUNCTION TEST)							
15	LIPID PROFILE							
16	PAPSMEAR							
17	RENAL PROFILE TEST							
18	ROUTINE EXAMINATION - URINE							
19	STOOL ROUTINE							





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Approval No : 111595

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
20	THYROID T3 T4 TSH							
21	URINE SUGAR (POST PRANDIAL)							
22	URINE SUGAR (RANDOM)							
	RADIOLOGY							
23	ULTRASOUND WHOLE ABDOMEN							
24	X RAY CHEST PA VIEW							
Gross Amount							2850.00	
Net Amount							2850.00	
Payer Amount							2850.00	
Patient Amount							0.00	
Amt Received (Rs.)							0.00	
Balance Amount							2850.00	

Payment Mode

Narration :

To View Investigation Result Login to
<http://patientportal.eternalsanganer.com/>
UserName:40009321
Password : Registered Mobile Number

